

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SEIU COPE (Service Employees International Union Committee On Political Education)			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00004036 </div>	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on				
Full Name (Last, First, Middle Initial) of Payee Mission Control Inc			Date MM / DD / YYYY 08 / 30 / 2012	
Mailing Address 114A Mansfield Hollow Road			Amount 2615.50	
City Mansfield Center	State CT	Zip Code 06250	Transaction ID : D291031	
Purpose of Expenditure Voter Canvass Literature		Category/ Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought 2054765.03				
Full Name (Last, First, Middle Initial) of Payee Mission Control Inc			Date MM / DD / YYYY 08 / 30 / 2012	
Mailing Address 114A Mansfield Hollow Road			Amount 2615.50	
City Mansfield Center	State CT	Zip Code 06250	Transaction ID : D291032	
Purpose of Expenditure Voter Canvass Literature		Category/ Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought 2054765.03				
(a) SUBTOTAL of Itemized Independent Expenditures.....			5231.00	
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Eliseo Medina</i>		[Electronically Filed]		Date MM / DD / YYYY 08 / 31 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

FEC IDENTIFICATION NUMBER ▼

C C00004036

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Mission Control Inc

Date

MM / DD / YYYY

Mailing Address 114A Mansfield Hollow Road

Amount

2615.50

City

Mansfield Center

State

CT

Zip Code

06250

Transaction ID : D291034

Purpose of Expenditure
Voter Canvass Literature

Category/
Type

006

Office Sought:

☐ House

State: OH

☒ Senate

District:

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

SHERROD BROWN

Calendar Year-To-Date Per Election
for Office Sought

809480.19

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Mission Control Inc

Date

MM / DD / YYYY

Mailing Address 114A Mansfield Hollow Road

Amount

2615.50

City

Mansfield Center

State

CT

Zip Code

06250

Transaction ID : D291035

Purpose of Expenditure
Voter Canvass Literature

Category/
Type

006

Office Sought:

☐ House

State: OH

☒ Senate

District:

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSH MANDEL

Calendar Year-To-Date Per Election
for Office Sought

809480.19

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

5231.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

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Eliseo Medina

[Electronically Filed]

Date

MM / DD / YYYY

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

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PAGE 3 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

FEC IDENTIFICATION NUMBER ▼

C C00004036

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M / D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

SEIU Healthcare PA

Date

M M / D D / Y Y Y Y Y Y
08 / 29 / 2012

Mailing Address 1500 N Second Street

Amount

212.82

Transaction ID : D291054

Purpose of Expenditure
Stickers & LeafletsCategory/
Type

006

Office Sought:

☐ House

State:

☐ Senate

District:

☒ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MITT ROMNEY

Calendar Year-To-Date Per Election
for Office Sought

2054765.03

Disbursement For: ☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

M M / D D / Y Y Y Y Y Y

Mailing Address

Amount

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary☐ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

212.82

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

10674.82

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
08 / 31 / 2012

Signature